

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021433
State File No.

FILED JUN 20 1958

BIRTH NO. _____		REG. DIST. NO. <u>105</u>		PRIMARY REG. DIST. NO. <u>5419</u>		Registrar's No. <u>5</u>	
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u> b. CITY OR TOWN <u>Clarkton RURAL</u> c. LENGTH OF STAY <u>7 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Township Free burial Route 1</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u> c. CITY OR TOWN <u>Clarkton</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>Road 1 Township Free Burn</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dona</u> b. (Middle) <u>Lynn</u> c. (Last) <u>Duty</u>		4. DATE OF DEATH (Month) <u>June</u> (Day) <u>5th</u> (Year) <u>1958</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Sept. 9, 1946</u>		9. AGE (In years last birthday) <u>11</u>		10. IF UNDER 1 YEAR Months <u>11</u> Days <u>11</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Horner'sville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Jess Duty</u>		13b. MOTHER'S MAIDEN NAME <u>Orevia York</u>	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jess Duty</u> ADDRESS <u>Clarkton</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tracheitis pneumonia</u> ANTECEDENT CAUSES <u>Cerebral Palsy, severe</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				19. DATE OF OPERATION _____			
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____			
20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>6/1</u> , 19 <u>58</u> , to <u>June 5</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>6/5</u> , 19 <u>58</u> , and that death occurred at <u>10:45 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Dona Lynn Duty</u> (Degree or title) _____		23b. ADDRESS <u>400 Kennett, Mo.</u>		23c. DATE SIGNED <u>6-11-58</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burn</u>		24b. DATE <u>June 7, 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Horner</u>		24d. LOCATION (City, town, or county) (State) <u>Horner'sville, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>6-14-58</u>		REGISTRAR'S SIGNATURE <u>J. W. Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Emerson Sea</u> ADDRESS <u>Jonesboro, Ark</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT..... 6-17-5
COUNTY FILE NUMBER 658-

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Tom V. Emerson

Licensed Embalmer No. 89

P. O. Address *Jonesboro*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.